



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 001508-003320										
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)] I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____. Signature: _____ Name: _____	In re Application of : Rui M. Amorim et al.											
	Application Number 09/939,937 Filed: August 27, 2001											
	For: SYSTEMS AND METHODS FOR PROVIDING NETWORK ACCESS											
	Group Art Unit : 2142	Examiner : Andrea B. Hollar										
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$215/\$420)</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$475/\$950)</td><td>\$ <u>1,020.00</u></td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$740/\$1480)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1,005/\$2,010)</td><td>\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>14-1138</u>. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p><u>May 6, 2005</u> Date</p> <p>Signature Donald R. Studebaker, Reg. 32,815, c/o Gunnar G. Leinberg, Reg. No. 35,584</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$215/\$420)	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$475/\$950)	\$ <u>1,020.00</u>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$740/\$1480)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1,005/\$2,010)	\$ _____
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)	\$ _____											
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$215/\$420)	\$ _____											
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$475/\$950)	\$ <u>1,020.00</u>											
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$740/\$1480)	\$ _____											
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1,005/\$2,010)	\$ _____											

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